

by the Commission and we arrange the details and pay the expenses of the work. Up to date these lectures have been given in Camp Kearny, Camp Fremont, to the Naval Stations at San Pedro, San Diego, Mare Island and San Francisco. It is estimated that not less than 45,000 men have been reached in this way. The lecture follows an official syllabus issued by the surgeon-general's office and is illustrated with stereopticon slides.

The Bureau has also had printed and distributed several thousand placards to be used in comfort stations and in the latrines of the camps, which give information as to these diseases and their dangers. When these placards are used in the civil communities space is left on them to be devoted to advertising the venereal disease dispensaries of that community. The Bureau has purchased a stereomotograph, with the necessary slides, and this has been permanently loaned to the army and navy for use within the camps. Several of the army surgeons have expressed themselves as to the very great success of the use of this machine. Attention is especially called to all work which has been done in co-operation with the army and navy, since it was for this purpose that our Bureau was primarily organized.

Although the entire campaign against venereal disease was originally undertaken with a view to its effect on our fighting forces, the War Department is doing everything possible to see that the work is extended into all civil communities. This is absolutely necessary in order not only to really protect our fighting forces, but also for the protection of our industrial army whose efficiency is becoming more and more important. We must change our tactics which have in the past directed our efforts almost entirely toward taking care of these diseases at the wrong end. We have been spending our money taking care of blind children, of the hopeless insane, or hopeless paretics, and the confirmed invalids resulting from the early ravages of these diseases.

Let us now not spend necessarily any more money, but let us spend it in taking care of those afflicted in the early stages of their disease, when something actually can be done. Let us take care adequately of these cases in their beginning that we may finally save not only thousands of lives from such misery, but literally the millions of dollars now spent annually in taking care of the hopeless results of our own neglect.

AN ANALYSIS OF THE FIRST TWO HUNDRED CASES STUDIED AT THE SAN DIEGO DIAGNOSTIC GROUP CLINIC.*

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In the rapid advance of internal medicine during the past two or three decades nothing stands out more prominently than the increasing demand for accurate diagnosis. This demand is expressed not only by the physician of himself and his fel-

low practitioners, but to a certain extent it is shared by the public.

Scientific medicine has long been distinguished from the various cults with which it is forced to compete by the effort on the part of the former to accurately diagnose the condition of the patient and to carefully estimate the relations existing between the patient's condition, his inherent physical resources and his environment. That physicians recognize the importance to diagnoses of assembling the views of two or more consultants, has been evident for a long time in the practice of holding consultations in obscure or grave cases. Informal consultations by the clinicians have long characterized the service of charity clinics and the charity wards in our hospitals. An attempt to supply such service in a broad way to those who can afford to pay a modest fee is expressed in the so-called Consultation Clinic of the Massachusetts General Hospital, now in its third year. The more pretentious attempt on the part of St. Luke's Hospital diagnostic group to furnish complete diagnoses to all classes is well recognized throughout the state. Our San Diego experiment having just closed its initial year is probably still unknown to many of the members present. Broadly, it is based upon the lines of the St. Luke's Hospital group, but presents one or two points of difference, which as they change to some extent the character of the patients furnished, exercise a bearing upon the end results we wish to present.

In accordance with the known ideals of the benefactor of the clinic, Mr. E. W. Scripps, it has accepted cases only from the family with an income of \$100 per month or less. With a liberal interpretation of the word specialist, the executive has enlisted the interest and services of approximately half of the members of the County Medical Society. Using fifteen specialists to a group and changing the group each month, we have exacted less of the individual's time. At the same time the interest in the clinic and the cultural value developed by it have been widely distributed throughout the profession.

One of the greatest values from this method of diagnosis lies in the fact that conditions are many times brought to light which, while not causing his present complaint, furnish valuable data for the patient and his physician to possess.

The following routine laboratory examinations were made in every case, unless some strong contraindication existed: Blood, 24-hour urine, fresh stool, blood Wassermann, Von Pirquet skin reaction (later discontinued), phthalein efficiency test of kidney and fractional study of stomach secretion.

Of the 200 cases analyzed, 114, or 57 per cent., were females, while 86, or 43 per cent., were males. They ranged in age from 21 months to 74 years, with an average age of 39.1 years.

Our end results here tabulated are far from being complete, chiefly due to the fact that so many of the physicians through whom only the cases could be traced have left their practices and gone into the country's service. Thus out of 200 cases, 43, or 21.5 per cent., could not be traced.

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Six cases, or 3 per cent., gave subsequent evidence of having been faultily diagnosed, usually by reason of something having been overlooked. One hundred and one cases, or 50.5 per cent., were reported as having improved since leaving the clinic. Forty cases, or 20 per cent., were reported as unimproved, such unfavorable outcome being in most cases foreshadowed by the diagnosis. Ten cases, or 5 per cent., have since died.

We have allowed from 6 to 12 months' time in which to get some estimate of the results of treatment based on the diagnosis furnished. As each examiner passed judgment upon his field only, the assembling of the various examinations showed that the majority of cases presented abnormalities of more than one kind.

In classifying in groups the conditions diagnosed, in a rough attempt to draw conclusions from them, we must remember that several pathologic conditions may be present in the same individual, exerting an influence one upon the other or upon the outcome. Thus the same individual may be classified under several pathologic headings, and his improvement or lack of it may be due to the intelligence applied in treating him as a functioning organism and not merely as a bit of pathology.

Abnormalities in the mouth, nose and throat were so almost universally present that we have not attempted to classify them. Practically all mouths from which the teeth had not been entirely removed contained one or more roots upon which the X-ray looked with suspicion. About 80 per cent. of all cases had tonsils or tonsillar remnants from the crypts of which pus could be expressed, while hypertrophied turbinates and other abnormalities of the nose were frequently observed, as were also the results of catarrh of the Eustachian tubes and middle ear. While these conditions rarely furnished sufficient explanation of the complaints of the patient, it was interesting to note how frequently improvement commenced after treatment was inaugurated by the removal of teeth or tonsils.

Next in frequency came the diagnosis of chronic appendicitis, never made without the support of the radiographer, and we might say never made by him alone. This group consisted of 21 cases, of which 7 cases, or 33.3 per cent., were subsequently treated surgically; while 10 cases, or 48 per cent., of the group were treated without surgery, the other 4 cases of the group not being traceable. Of the 7 cases treated surgically 5 were improved, while 2 at last reports still retained their symptoms. Of the 10 cases treated non-surgically 7 were reported improved while 3 remained unimproved. Thus surgery reflected credit upon itself in 71 per cent. of the cases it treated, while medicine could boast of but 70 per cent. of cures, or temporary cessation of symptoms.

Into another group, comprising also 21 cases, we have placed the psychoneuroses, exhaustion-psychoses and psychasthenias.

Somewhat to our surprise we received reports of improvement more or less marked in 13 cases,

or 62 per cent. In the case of many of these, treatment included the removal of some infection. Four cases were reported as about the same, one was in Patton, while the other three cases could not be traced, but early report stated that each of these was intractable.

Tuberculosis furnished a group of 18 cases, made up of 14 lung cases, 2 tuberculosis of kidney, one of the spine and one of the intestine. Nine cases, or 50 per cent., of the group were reported improved, 3 unimproved, 3 not traceable and 3 dead.

The diagnosis of syphilis was made in 15 cases, many times in the face of a negative Wassermann. The cases that improved under treatment practically established the diagnosis thereby. The group comprises 7 cases of tabes, one cerebrospinal case non-tabetic, one arteriosclerotic, one syphilis of the stomach.

Eight were reported improved, including 3 tabetics; four were reported not improved, while 3 could not be traced. One of the traceable ones was reported as absolutely refusing treatment, although he had a 4 plus Wassermann.

Cholecystitis with or without stone was diagnosed 13 times. Stone was shown by X-ray in 2 of the cases; stone was demonstrated in 2 of the cases by surgery. Six cases of the group of 13 were reported improved, including the operated cases and 4 that were not operated. Three cases were not traceable. Of the remaining 4 cases reported as unimproved one has carcinoma of liver with ascites, one has an endocarditis that forbids operation, while a third continues to have typical colic attacks but refuses operation.

Peptic ulcer furnishes an interesting group of 9 cases. Of these 6 cases have improved, 2 are about the same, while 1 is dead. The 6 cases that were treated surgically present the following analysis: One case of perforating ulcer high up on the lesser curvature posteriorly had the ulcer dissected out and is doing excellently after eight months. Two extensive long-standing ulcers of the duodenum are doing well several months after gastroenterostomy, as is one case of ulcer in the stomach antrum. One case diagnosed as duodenal ulcer that had had a gastroenterostomy previously done with only temporary relief, was relieved again for a few weeks by the removal of a diseased appendix. The case of ulcer reported as dead occurred in a patient who also had pulmonary tuberculosis, thus furnishing a poor operative risk. We found in our cases that the hyperchlorhydria symptom complex more often represented a diseased appendix than a peptic ulcer, but that the former usually took second place when expressing intensity of symptoms.

Carcinoma furnished 8 cases for study. Three cases of carcinoma of the pylorus, in one of which the disease had spread to the liver, are still living. One case of carcinoma of the cardia, also living, although very anæmic. This case is interesting in that, while every clinical evidence of cancer was present, two X-ray studies reported him roentgenologically negative. One case of carcinoma of body of stomach has since died.

One case of carcinoma of the liver is still living, although ascites has been frequently relieved by tap. One case of carcinoma of liver improved under rest and digitalis, although not well at last reports. A second case diagnosed carcinoma of uterus proved after hysterectomy to be non-malignant. Thus in 8 cases diagnosed carcinoma, the diagnosis proved to be incorrect in 25 per cent. Undeniable evidence of our shortcomings is an excellent stimulus to better work.

A group of varied conditions involving the muscles and joint structure may be loosely classified as follows: One case of sacro-iliac strain, results not traceable; one case general arthritis deformans, refused treatment; one case osteo-arthritis and synovitis of elbow joint, improved and able to work; one case of arthritis of right knee, much improved; one case: relaxed sacro-iliac joint, not changed; one case periostitis of head of tibia, improved; one case involuntary post-cervical spasm, unchanged; one case of painful joints accompanying tabes, unchanged.

The remaining conditions not occurring oftener than six times we have not attempted to analyze, but merely mention. Six cases each of endocarditis, and hormone imbalance. Five cases each of arteriosclerosis, myocarditis, epilepsy, neurasthenia, and inflammatory condition of pelvis. Four cases each of neuralgia. Three cases each of colitis or enterocolitis, asthenia, nephritis, prostatitis, uterine fibroid, amoebic infection, dementia praecox, and pyelitis. Two cases each of general visceroptosis, hypochondriasis, renal stone, pernicious anemia, rickets, cardiac hypertrophy, and dilatation. One case each of peri-nephritic abscess, uremia, toxæmia, psychopathia sexualis, chronic pancreatitis, partial heart block, vertigo, lateral sclerosis of cord, extreme constipation, meningitis, mutism, cystitis, trigonitis, urethral caruncle, brain tumor, acute pneumonia, urethritis, sigmoiditis, diabetes insipidus, pleurisy with effusion, hysteria, pityriasis rubra, and Dietl's crisis.

The diagnoses here classified must be looked upon as major diagnoses to be reckoned with in the summing up that was sent to the referring physician. Besides these there were an infinite number of minor conditions recorded in the reports of the examiners, but to avoid confusing the main issues, not included in the reports sent to the referring physician, who however was always advised that the full reports were filed subject to his scrutiny on request.

Thus we admit that only a rough analysis of the main results has been attempted. This group of cases if thoroughly worked could furnish material for several papers. Each specialist on the group could make an attractive survey from the viewpoint of his especial interest.

The group diagnosis furnished was substantiated by operation, by autopsy or by written report from the physician who subsequently followed the course of the case in 151 of the 200 cases under discussion. Six cases were reported as having been faultily diagnosed, while the balance, consisting of 43 cases, have not been reported on at the time of writing. These statistics would suggest that

this plan of study furnishes a high percentage of broad diagnoses upon which to base intelligent treatment, as well as supplying much data of life-extension value. We must bear in mind also that the clinic charges sufficient for the diagnosis to warrant its having referred to it only problem cases.

That the efforts of the clinic to furnish adequate diagnosis has been appreciated by the physicians referring the cases is evidenced by the almost unanimous expression of satisfaction, only three letters of criticism having been received in response to a questionnaire on this point.

From the standpoint of the staff, its members in common with all physicians referring cases to the clinic enjoy the benefits of having their cases broadly examined and discussed and returned to them for continuance of treatment. However, at the same time they are a unit in feeling that the cultural value to themselves expressed by the study of the cases and their discussion by the group method is amply worth the time and effort expended, furnishing as it does the most practical kind of graduate clinical work.

INTESTINAL OBSTRUCTION.*

By HARLAN SHOEMAKER, M. D., Los Angeles.

An analysis of the histories diagnosed intestinal obstruction in cases occurring at the Los Angeles County Hospital during the years of 1915-16-17 show some very interesting facts that may be profitably considered at this time. It was Agassiz, I believe, who said, "study nature and not books," and I have found the rehearsing of these histories much more interesting from the standpoint of intestinal obstruction than any text-book article I ever read on the subject. No one history is complete. No one history covers all the symptoms of this very complicated condition, but when all the histories are viewed together as a whole there is not a single point, I believe, that has been mentioned on the subject of intestinal obstruction that has not been brought out in this, that, or the other case. It is in an effort to focus the attention of the profession on some of the outstanding symptoms of intestinal obstruction that a review of these histories has been undertaken.

During 1915 there were thirteen cases recorded; during 1916 twenty; and during 1917 ten cases. There were undoubtedly cases of volvulus, tuberculous peritonitis, and strangulated hernia that are not included in this list, as the records were not searched under these diagnoses.

There is scarcely an operator, or a member of the attending staff, that at some time or other has not had something to do with one of these cases. Furthermore I venture to state that a great number in this room have been interested in one, or more, of this type of case, so I think that our further analysis should be interesting to those present. There has been an average mortality of about 55 per cent., which I consider is an extremely good average when you take into consideration that in this collection of cases of obstruction you get ob-

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